

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

-63-007194

STATE FILE NUMBER

DO NOT WRITE
ON THIS STUB

AMENDED

Registration District No.

146

Primary Registration District No.

3026

Registrar's No.

102

FILED MAR 7 1963

1. PLACE OF DEATH

a. COUNTY

Jackson

b. CITY (If outside corporate limits, give TOWNSHIP only)
OR TOWN Independence

Length of stay in 1b
34 yrs.

c. FULL NAME OF (If NOT in hospital, give location)
HOSPITAL OR INSTITUTION 1404 E. Mechanic

Inside Limits
Yes ☒ No ☐

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE Mo. b. COUNTY Jackson

c. CITY OR TOWN Independence

Inside Limits
Yes ☒ No ☐

d. STREET ADDRESS (If outside, give location)
1404 E. Mechanic

Reside on Farm
Yes ☐ No ☒

3. NAME OF DECEASED
(Type or print)

First MR. LEWIS

Middle N.M.I.

Last DAVIS

4. DATE OF DEATH

Month Day Year February 28, 1963

5. SEX

Male

6. COLOR OR RACE

White

7. Married ☒ Never Married ☐
Widowed ☐ Divorced ☐

8. DATE OF BIRTH

Aug. 14, 1890

9. AGE (last birthday)

73

IF UNDER 1 YEAR

Months Days Hours Min.

IF UNDER 24 HR

Months Days Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

Machinist-Ailis Chalmers

10b. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (City and state or country)

Centralia, Mo.

12. CITIZEN OF WHAT COUNTRY

USA

13a. FATHER'S NAME

John Davis

13b. MOTHER'S MAIDEN NAME

Edie Roberts

14. NAME OF HUSBAND OR WIFE

Mary Martha Davis

15. WAS DECEASED EVER IN U.S. ARMED FORCES?
(Yes, no, or unknown) (If yes, give war or dates of)

No

16. SOCIAL SECURITY NO.

8

17. INFORMANT

Mrs. Mary Martha Davis

1404 E. Mechanic, Indep., Mo.

INTERVAL BETWEEN ONSET AND DEATH

18. CAUSE OF DEATH (Enter only one cause per PART I. DEATH WAS CAUSED BY:

IMMEDIATE CAUSE (a)

Coronary thrombosis

Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.

DUE TO (b)

Coronary Thrombosis

DUE TO (c)

Myocarditis

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)

PART III. If deceased was female was there a pregnancy in last 90 days.

☐ Yes ☐ No ☐ Unknown

19. WAS AUTOPSY PERFORMED?
YES ☐ NO ☒

20a. ACCIDENT ☐ SUICIDE ☐ HOMICIDE ☐

20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)

20c. TIME OF INJURY
Hour a.m. p.m. Month, Day, Year

20d. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

20f. CITY, TOWN, OR LOCATION

COUNTY

STATE

21. I attended the deceased from Jan 1962 to Feb. 28-1963 and last saw her alive on Feb. 28, 1963. Death occurred at Pias a.m. Feb. 28 1963 on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE

L. W. Higgins D.O.

22b. ADDRESS

2140 W. Hwy Blvd Ridgecrest, Independence, Mo

22c. DATE SIGNED

3/1/63

23a. BURIAL, CREMATION, REMOVAL (Specify)

Burial

23b. DATE

Mar. 2, 1963

23c. NAME OF CEMETERY OR CREMATORY

Mt. Washington Cemetery, Independence, Missouri

23d. LOCATION (City, town, or county)

Independence, Missouri

24. FUNERAL DIRECTOR

ADDRESS

OTT & MITCHELL, Indep., Mo.

25. DATE RECD. BY LOCAL REG.

3-1-63

26. REGISTRAR'S SIGNATURE

Alba L. Craig

(Licensed Embalmer's Statement on Reverse Side)

USE BLACK INK
OR
TYPEWRITER RIBBON

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

SHOULD READ

DOCUMENT

BY AFFIDAVIT OF

ITEM NO.

DATE AMENDED

VS 300
Rev. 4/59

1 7005

2 7005

3 2

4 0

5 1

6

7 0

8 2

9 420.1

10

11

12 90-2

13 1-0

MAR 8 1963

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,

or by _____, Student Embalmer No. _____

working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed _____

Licensed Embalmer No. 3156

P. O. Address Indep Mo

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.

5-1-63